

HOUSE BILL 3424

By DeBerry L

AN ACT to amend Tennessee Code Annotated, Title 63,  
Chapter 6, Part 2, relative to the practice of  
integrative and complementary medicine.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by  
adding the following as a new section:

Section 63-6-239.

(a) The general assembly recognizes that physicians should be allowed a  
reasonable and responsible degree of latitude in the kinds of therapies they offer their  
patients. The general assembly also recognizes that patients have a right to seek  
integrative or complementary therapies.

(b) As used in this section, unless the context clearly indicates otherwise:

(1) "Integrative and complementary medicine" means those health care  
methods of diagnosis, treatment, or interventions that are not acknowledged to  
be conventional, but that may be offered by some licensed physicians in addition  
to, or as an alternative to, conventional medicine, and that provide a reasonable  
potential for therapeutic gain in a patient's medical condition and that are not  
reasonably outweighed by the risk of such methods; and

(2) "Conventional medicine" means those health care methods of  
diagnosis, treatment, or interventions that are offered by most licensed  
physicians as generally accepted methods of routine practice, based upon  
medical training, experience and review of the peer reviewed scientific literature.

(c) A licensed physician shall not be found guilty of unprofessional conduct or be  
found to have committed professional failure to practice medicine in an acceptable

manner solely on the basis of employing a health care method of integrative or complementary medicine, unless it can be demonstrated that such method has a safety risk for the patient that is unreasonably greater than the conventional treatment for the patient's medical condition. The board of medical examiners shall use the following guidelines to determine whether a physician's conduct violates § 63-6-214 in regard to providing complementary and integrative medical treatment:

(1) Prior to offering advice about complementary health care therapies, the physician shall undertake an assessment of the patient. This assessment should include, but not be limited to, conventional methods of diagnosis and may include non-conventional methods of diagnosis and shall be documented in the patient's chart. Such assessment shall include the following:

(A) Adequate medical records;

(B) Documentation as to whether conventional medical treatment options have been discussed with the patient and referral input, if necessary;

(C) Documentation as to whether conventional medical options have been tried, and if so, to what effect or a statement as to whether conventional options have been refused by the patient;

(D) If a treatment is offered which is not considered to be conventional, documentation of at least a verbal informed consent for each treatment plan shall be included (including documentation that the risks and benefits of the use of the treatment were discussed with the patient or guardian); and

(E) Documentation as to whether the complementary health care therapy could interfere with any other ongoing conventional treatment.

(2) The physician may offer the patient complementary and integrative treatment pursuant to a documented treatment plan tailored for the individual needs of the patient by which treatment progress or success can be evaluated with stated objectives such as pain relief or improved physical or psychosocial function. Such a documented treatment plan shall consider pertinent medical history, previous medical records and physical examination, as well as the need for further testing, consultations, referrals, or the use of other treatment modalities.

(3) The physician may use the treatment subject to documented periodic review of the patient's care by the physician at reasonable intervals in view of the individual circumstances of the patient in regard to progress toward reaching treatment objectives which takes into consideration the treatment prescribed, ordered or administered, as well as any new information about the etiology of the complaint.

(4) Complete and accurate records of the care provided including the elements addressed in subdivisions (1)(A)-(E) of this subsection shall be kept.

(5) If the provisions set out in subdivisions (1)-(4) of this subsection are met, and if all treatment is properly documented, the board will presume such practices are in conformity with the provisions of this chapter.

SECTION 2. This act shall take effect July 1, 2008, the public welfare requiring it.